

APPLICATION DATA SHEET

Application Information

Application Number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit:: 3721
Title Line One:: Clip for Suspending a Reciprocating Saw
Attorney Docket Number:: 54525.000108
Request for Early Publication?:: YES
Request for Non-Publication?:: No
Suggested Drawing Figure:: 8
Total Drawing Sheets:: 13
Small Entity?:: No
Petition Included?::
Petition Type::
Licensed US Government Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Application?::

Applicant Information

Applicant One Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant One Given Name:: Mark
Middle Name:: Alan
Family Name:: Etter

Name Suffix::
City of Residence:: Jackson
State or Province of Residence:: TN
Country of Residence:: US
Street of Mailing Address Line One:: Porter-Cable
Street of Mailing Address Line Two:: 4825 Highway 45 North
City of Mailing Address:: Jackson
State or Province of Mailing Address:: TN
Country of Mailing Address:: US
Postal or Zip Code:: 38305

Applicant Two Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant Two Given Name:: Daniel
Middle Name:: Paxton
Family Name:: Wall
Name Suffix::
City of Residence:: Jackson
State or Province of Residence:: TN
Country of Residence:: US
Street of Mailing Address Line One:: Porter-Cable
Street of Mailing Address Line Two:: 4825 Highway 45 North
City of Mailing Address:: Jackson
State or Province of Mailing Address:: TN
Country of Mailing Address : US
Postal or Zip Code:: 38305

Applicant Three Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant Three Given Name:: Alan
Middle Name::
Family Name:: Phillips
Name Suffix::
City of Residence:: Jackson
State or Province of Residence:: TN
Country of Residence:: US
Street of Mailing Address Line One:: Porter-Cable
Street of Mailing Address Line Two:: 4825 Highway 45 North
City of Mailing Address:: Jackson
State or Province of Mailing Address:: TN
Country of Mailing Address : US
Postal or Zip Code:: 38305

Correspondence Information

Correspondence Customer No.: 21967
Name::
Street of Mailing Address Line One::
Street of Mailing Address Line Two::
City of Mailing Address:
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code::

Telephone Number::

Facsimile Number::

E-Mail Address::

Representative Information

Representative Customer Number:: 21967

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation	10/773,252	02/09/2004

Foreign Priority Information

Country:	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address::

State of Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::